

ISSUE SLIP STAPLE AREA (for reference)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|----------------|----------------------|
| FEE DETERMINATION | SL | | 10-10-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | NY SA | 588 SC 1039 | 11-20-01 02-14-02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Final | Original |
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| Claim | Date |
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| Claim | Date |
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| Final | Original |
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If more than 150 claims or 10 actions
staple additional sheet here

(1 FET INSIDE)

70/90
 1/20/01
 57#605
 2-14-02